

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Thompson
Dr Bunker.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

Phon: 7753-50 W.

Reg. Dist. No. 116

1. PLACE OF DEATH: Warchester
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 month
Hospital, institution or street address where death occurred:
Cambridge md (hospital)
How long in hospital or institution? 20 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Washington D.C.
State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No. Virginia Ave
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Theodore T. Birchett

3. (b) Social Security Number
453-01-3289

4. Sex Male 5. Color or race wh 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife David Lee
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) January 18 1891
8. AGE: Years 55 Months 4 Days 70 If less than one day..... hrs. min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual occupation Machinist

11. Industry or business

MOTHER FATHER
12. Name Robert Birchett
13. Birthplace Washington
14. Maiden name Mary Elizabeth Howbridge
15. Birthplace Romney, W. Va.

16. Informant Mrs. Dorothy L. Birchett
Address Virginia Ave. Cambridge Md

17. Burial (Burial, cremation, or removal) Which? Burial Date thereof 6-18-1946
(month) (day) (year)
Cemetery or crematory Arlington National Cemetery
Location Arlington, Va.

18. Funeral director Kenneth R. Thomas
Address Cambridge, Md.

19. 6-18-46 John Mace Jr. Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946 at 8:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1946 to June 13 1946 and that I last saw him alive on June 13 1946

Immediate cause of death Anemia and
Pneumonia, Lobal R.H.

Due to Peritonitis, Anemia

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of

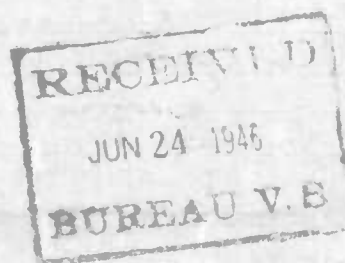
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. G. Thompson M. D. or other
Address Cambridge, Md. Date signed 14/June 46

Fort Myer Va
Arlington Co



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92nd

05931

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? entire life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Dorchester
 City or town 116 Gay St.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cambridge
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Alice H. Brands

3. (b) Social Security Number

214-16-4122

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Charles M. Brands
 6. (c) If alive, give age 48 years
 7. Birth date of deceased (mo., day, yr.) April 14, 1914
 8. AGE: Years 32 Months 1 Days 25 If less than one day
 hrs. min.

9. Birthplace Cambridge
 (Town, county, and state)
 10. Usual occupation Shoe Factory Worker
 11. Industry or business
 12. Name John S. B. Hubbard
 13. Birthplace Idor Co.
 14. Maiden name Sola Hurley
 15. Birthplace Idor Co.

16. Informant Charles M. Brands
 Address Cambridge, Md.
 17. Burial Date thereof 6-11-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge, Md.
 18. Funeral director Samuel R. Thomas
 Address Cambridge, Md.
 19. 6-11- 19 46 John M. Joseph Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 19 46 at 10:15 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-30 19 45 to June 9 19 46
 and that I last saw her alive on June 10 19 46
 Immediate cause of death Cornary Thrombosis
 Due to Cardio-vascular disease DURATION 2 days
 Due to
 Other conditions Anterior left forearm 11 days
Acute alcoholism
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE John M. Joseph M.D.
 Address Cambridge, Md. Date signed 6-10-46

RECEIVED
JUN 12 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1386

CERTIFICATE OF DEATH



Reg. Diat. No. 05932 116

1. PLACE OF DEATH: County... <u>Dorchester</u> City or town... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>6 days</u> Hospital, institution, or street address where death occurred: <u>Cambridge Maryland Hospital</u> How long in hospital or institution? <u>6 days</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Dorchester</u> City or town... <u>Cambridge</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>120 Pine St</u> (If rural, give LOCATION) 2.(a) If veteran, name war											
3. (a) FULL NAME <u>Lee Bryan</u>				3. (b) Social Security Number											
4. Sex <u>male</u>		5. Color or race <u>colored</u>		6. (a) Single, married, widowed, or divorced <u>married</u>											
6. (b) Name of husband or wife <u>Rachel Bryan</u>				6. (c) If alive, give age years											
7. Birth date of deceased (mo., day, yr.) <u>about 1876</u>				8. AGE: <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>It less than one day</td> </tr> <tr> <td><u>70</u></td> <td><u>9</u></td> <td><u>219</u></td> <td>hrs. min.</td> </tr> </table>				Years	Months	Days	It less than one day	<u>70</u>	<u>9</u>	<u>219</u>	hrs. min.
Years	Months	Days	It less than one day												
<u>70</u>	<u>9</u>	<u>219</u>	hrs. min.												
9. Birthplace (Town, county, and state) <u>Maryland</u>				10. Usual occupation <u>Cannery</u>											
11. Industry or business <u>Cannery</u>				12. Name <u>Robert Bryan</u>											
13. Birthplace <u>Maryland</u>				14. Maiden name <u>Mary Stanley</u>											
15. Birthplace <u>Maryland</u>				16. Informant <u>Rachel Bryan</u> Address <u>120 Pine St. Camb. Md</u>											
17. (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>6-23-76</u> (month) (day) (year) Cemetery or crematory <u>Wauke Cemetery</u> Location <u>Cambridge Md</u>				18. Funeral director <u>John H. Bryan</u> Address <u>Cambridge Md</u>											
19. (Date rec'd by registrar) <u>6/20/76</u>				20. DATE OF DEATH <u>June 18</u> 19 <u>46</u> at <u>4:30 P</u> M											
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>June 17</u> 19 <u>46</u> to <u>June 18</u> 19 <u>46</u> and that I last saw him alive on <u>June 18</u> 19 <u>46</u>				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?											
23. SIGNATURE <u>John H. Bryan</u> Address <u>Cambridge Md</u>				24. SIGNATURE <u>John H. Bryan</u> Address <u>Cambridge Md</u>											

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 19 46 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 19 46 to June 18 19 46 and that I last saw him alive on June 18 19 46

Immediate cause of death

Uremia

DURATION

6 days

Due to Relational Hydronephrosis

Due to Urteral Stricture

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings of operations: as above Date of op. 6/10/46

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed June 20, 1946

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RECEIVED
JUN 24 1946
BUREAU V.B.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

CERTIFICATE OF DEATH

05933

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 1/2 hours

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 2 1/2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Wingates
(If outside city or town limits, write RURAL and give nearest town)Street No. None

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME

Francis Wayne Dean

3. (b) Social Security Number

None4. Sex Male5. Color or race White

6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife None8. (c) If alive, give age 7 years7. Birth date of deceased (mo., day, yr.) June 22nd 1946 9:26 A.M.8. AGE: Years 0 Months 0 Days 0 If less than one day
21 hrs. 34 min.9. Birthplace Cambridge Maryland
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Francis Neal Dean13. Birthplace Hoopers Island Md.14. Maiden name Catherine & Louiss Moore15. Birthplace Wingates, Maryland16. Informant Mrs Catherine M. DeanAddress Wingates Maryland17. Burial Date thereof June 23, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dean Family Burial LotLocation Wingate, Maryland.

Kenneth R. Thomas

18. Funeral director

Address Cambridge, Maryland.19. 6-24-46 19 46 John Macys Jr. M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 19 46, at 7⁰⁰ A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 22 19 46, to June 23 19 46and that I last saw him alive on June 23 19 46

Immediate cause of death

Prematurity (32 weeks gestation)

DURATION

4 hrsDue to Problems Causetoo rapid pregnancies

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Eldridge H. Hoff MD

M. D. or other

Address Cambridge Md Date signed 6-23-46

MAINTAIN STATE REVENUE OF MICHIGAN

CERTIFICATE OF DEATH

STATE OF MICHIGAN

STATE OF MICHIGAN

STATE OF MICHIGAN

RECEIVED

JUN 26 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

Reg. Dist. No. 116

05934

1. PLACE OF DEATH:
County... Dorchester
City or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6/4/46 to 6/29/46
Hospital, institution, or street address where death occurred:
Cambridge-Maryland Hospital
How long in hospital or institution? 6/4/46 to 6/29/46

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Dorchester
City or town... Vienna
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

NELLIE HARRIS

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Married
8.(b) Name of husband or wife Nellie K. Harris 6.(c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) July 22, 1908
8. AGE: Years 37 Months 11 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace... Vienna Maryland
(Town, county, and state)
10. Usual occupation... Housework
11. Industry or business Home
12. Name... Alexander Jackson
13. Birthplace Vienna, Maryland
14. Maiden name Hennietta Stewart
15. Birthplace Vienna Maryland
16. Informant Nellie K. Harris
Address Vienna, Maryland
17. Burial Date thereof July 1, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Vienna Colored Cemetery
Location Vienna Maryland
18. Funeral director J. J. Trampton and Son
Address Federalburg, Maryland
19. July 1, 1946 19 46 John MacCabe, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 29 19 46 at 6:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 19 46 to June 29 19 46
and that I last saw h. June 28 19 46 alive on

Immediate cause of death

1) Hypertension C.V.R.D.
2) Myophite, Chronic glomerulonephritis

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE James G. Thompson M.D. M. D. or otherAddress 11 Spring St., Cambridge Date signed 6/29/46

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED
JUL 5 1946
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 486

CERTIFICATE OF DEATH

Reg. Dist. No. 05935

116

1. PLACE OF DEATH:

County Worcester Co
City or town Cambridge Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 da
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 6 da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County
City or town
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Luberta Lakes

3. (b) Social Security Number

4. Sex female 5. Color or race Caucasian 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Luberta Lake
7. Birth date of deceased (mo., day, yr.) NOV 19 1904 8. (c) If alive, give age 41 years
8. AGE: Years 41 Months 6 Days 14 If less than one day hrs. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1946 at 10 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 1904 to June 11 1946
and that I last saw her alive on June 11 1946
Immediate cause of death Cancer of uterus
DURATION 6 mos.

9. Birthplace Le County, Maryland (Town, county, and state)
10. Usual occupation Lab
11. Industry or business None

12. Name Rob Walker
13. Birthplace Don't know
14. Maiden name Judith Jackson
15. Birthplace Don't know
16. Informant field lakes
Address 4 Colman and alle Cambridge
17. Burial, cremation, or removal (which?) Burial Date thereof June 20 1946 (month) (day) (year)
Cemetery or crematory Cemetery
Location Albany, Ga
18. Funeral director Levens H B
Address Albany, Ga
19. Date signed 6/10/46 Registrar

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Antopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, till in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Alfred E. Bunker MD M. D. or other
Address Cambridge Md Date signed 6-12-46

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 24 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

06413

06963/10
Reg. Dist. No.

1. PLACE OF DEATH

County DorchesterCity or town Federalsburg R.F.D.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County WorcesterCity or town Berlin
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Isaac H. Littleton

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife

Mary E. Littleton

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Oct. 4, 1855

8. AGE:

Years

Months

Days

If less than one day

90818

_____ hrs.

_____ min.

9. Birthplace

Berlin Wor. Co. Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

Ira Littleton

13. Birthplace

md

14. Maiden name

Nancy J. Littleton

15. Birthplace

md

16. Informant

Address

Mrs. J. James Blanchard
Federalsburg md

17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

6/22/46
(month) (day) (year)

Cemetery or crematory

Berlin Evergreen

Location

Berlin md

18. Funeral director

Anna B. Burbage

Address

Berlin md

19. Date

June 2219 46Charles Hasting

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 19 46 at 2:23 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 30 19 46 to 6/22 19 46and that I last saw 1 hr alive on 6/22 19 46

Immediate cause of death

Chronic myocarditis

DURATION

5 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

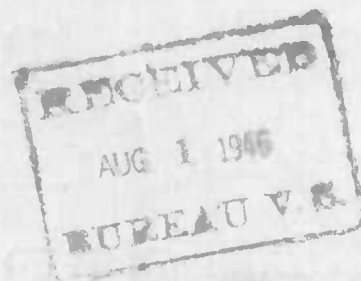
Injured at work?

23. SIGNATURE

Frank M. Anderson M.D.

M. D. or other

Address Federalsburg md Date signed 6/22/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County..... **Dorchester**
City or town..... **Cambridge**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **2 yrs. 8 months-6 days.**
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution? **2 yrs. 8 months-6 days**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... **Maryland** County..... **Queen Anne's**
City or town..... **Centerville**
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME
William Thomas Lynch

3.(b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widowed**
6.(b) Name of husband or wife..... **Unknown**
7. Birth date of deceased (mo., day, yr.) **about 1877** 8.(c) If alive, give age..... years
8. AGE: Years **69** Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... **nr. Centerville, Maryland**
(Town, county, and state)
10. Usual occupation..... **Farm Laborer**
11. Industry or business.....
12. Name..... **John Lynch**
13. Birthplace..... **Maryland**
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown**

16. Informant..... **Hospital Records**
Address..... **E.S.S. Hospital, Cambridge, Maryland**
17. **Burial** Date thereof..... **6/18/46**
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory..... **Chesapeake**
Location..... **Centerville, Md**
18. Funeral director..... **Barton Bros**
Address..... **Centerville, Md**
19. **6/11/46** 19..... **46**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **June 12,** 19 **46** at **10:05 A.M.**
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 6, 19 **43** to **June 12,** 19 **46**
and that I last saw him alive on **June 12,** 19 **46**

Immediate cause of death.....
Arteriosclerotic Cardio-Vascular Disease. With decompensation

DURATION
7 years 4 months

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE.....
M. D. or other.....
Address..... Date signed **6/11/46**

MARGIN RESERVED FOR BINDING

VS A15 9.45-1.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 24 1946

BUREAU V.R.

14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

321 Washington St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 321 Washington St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Leven Elmira Gore Mayne

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Joseph H. Mayne(Deceased 12/10/1944) (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) July 27, 18688. AGE: Years 77 Months 10 Days 11 If less than one day
.....hrs.min.9. Birthplace Taylor's Island, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Levin Gore13. Birthplace Maryland14. Maiden name Elizabeth Howard15. Birthplace Maryland16. Informant Joseph H. Mayne, Jr.Address Cambridge, Maryland17. Burial Date thereof June 11, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 6-11-46 19. 46 John Macgregor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1946 at 2:55AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19. 45 to 19. 46and that I last saw him alive on 19. 46

Immediate cause of death

Myocardial infarctionDue to arteriosclerosishypertensionDue to coronary artery diseasehypertensionOther conditions hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Macgregor M. D. or otherAddress Cambridge, Md. Date signed 6-11-46

RECEIVED
JUN 12 1946
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

05938

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Hurlock
 City or town Mary Hurlock
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Hurlock Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Henry J. Metz

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) July 12 1872 5. (c) If alive, give age _____ years

8. AGE: Years 73 Months 11 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Germany
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Phillip Metz13. Birthplace Germany14. Maiden name Josephine Mouse15. Birthplace Germany16. Informant Phillip MetzAddress Hurlock17. Burial Date thereof June 9, 1946

Burial, cremation, or removal Which? (month) (day) (year)

Cemetery or crematory CemeteryLocation East New Market18. Funeral director F.B. KelloggAddress Hurlock19. June 9 - 1946 Chas. Hastings

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1946 at 6:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased one day to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death Cerebral Hemorrhage DURATION 1 dayDue to General Arteriosclerosis 1 yr. +

Due to _____

Other conditions Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William C. Harrison MD M. D. or other _____Address Hurlock Md. Date signed 6/9/46

RECEIVED
JUN 13 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 110

1. PLACE OF DEATH:

County..... DORCHESTER
 City or town..... near Williamsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 8 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?..... 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Dorchester
 City or town..... P.O. Williamsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

ANNIE NEWTON or NUTON

3. (b) Social Security Number

217-12-4967

4. Sex <u>Female</u>	5. Color or race <u>Col</u>	6. (a) Single, married, widowed, or divorced <u>Widow</u>
6. (b) Name of husband or wife..... <u>George Newton</u>		
7. Birth date of deceased (mo., day, yr.) <u>June 12 May 20 1900</u>		
8. AGE: Years <u>✓ 46</u>	Months <u>X</u>	Days <u>22</u>
If less than one day hrs. min.		
9. Birthplace..... <u>Way Cross, Georgia</u> (Town, county, and state)		
10. Usual occupation..... <u>Housewife</u>		
11. Industry or business.....		
FATHER	12. Name..... <u>Ward</u>	
	13. Birthplace..... <u>George</u>	
MOTHER	14. Maiden name..... <u>no Dale</u>	
	15. Birthplace.....	
16. Informant..... <u>Wallis Hampton</u>		
Address..... <u>Williamsburg Md P.O.</u>		
17. <u>burial</u> Date thereof..... <u>June 15-1946</u> (Burial, cremation, or removal. Which?) (month) (day) (year)		
Cemetery or crematory..... <u>Federal Hill</u>		
Location..... <u>Federalburg, Md.</u>		
18. Funeral director..... <u>J.J. Frampton & sons</u>		
Address..... <u>Federalburg Md.</u>		
June 15-1946 CHARLES W. HASTINGS (Date rec'd by registrar) Registrar		

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 12, 1946

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 10 1946 to June 12 1946
 and that I last saw him..... alive on..... 19.....

Immediate cause of death.....

Due to..... Coronary occlusion

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

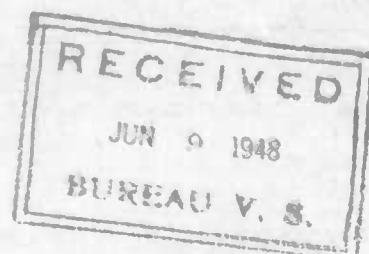
Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... W P Harrison M.D.Address..... Hurlock Md. Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-04

CERTIFICATE OF DEATH

Reg. Dist. No. 05939

1. PLACE OF DEATH:

County DorchesterCity or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Shiloh Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Shiloh Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Martina Sampson

3. (b) Social Security Number

218-09-5836

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Eugene Sampson

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

September 28, 1889

8. AGE:

Years

Months

Days

If less than one day

5689

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

FATHER

12. Name

Henry Camper

13. Birthplace

Dorchester County, Maryland

MOTHER

14. Maiden name

Adeline Fisher

15. Birthplace

Dorchester County, Maryland

16. Informant

Alberta Hubbard

Address

100 Eagle Street, Chester, Pennsylvania

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 10 1946
(month) (day) (year)

Cemetery or crematory

Thompsonstown Cemetery

Location

Near East New Market Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19.

(Date rec'd by registrar)

June 10 - 46Charles H. Haring
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 19 46 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1945 to June 7 1946
and that I last saw him alive on June 7 1946

Immediate cause of death

Chronic Myocardial
degeneration

DURATION

1 yr +

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. C. Harrison MD

M. D. or other

Address

Hurlock Md.Date signed 6/8/46

RECEIVED

JUN 13 1946

BUREAU V 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on Film No. 106 - 7/24/46 is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on
 Film No. 106 - 7/24/46

MARYLAND STATE DEPARTMENT OF HEALTH
 2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

05940

Reg. Dist. No. 110

1. PLACE OF DEATH:

County... Dorchester
 City or town... Seaford, Del. R.D.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... DorchesterCity or town... Sealestone, Md.
 (If outside city or town limits, write RURAL and give nearest town)Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Samuel T. Smoot

3. (b) Social Security Number

4. Sex

M

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Oratt. Smoot

7. Birth date of deceased (mo., day, yr.)

Aug 13 1974B. (c) If alive, give age 60 years

8. AGE:

69

Years

Months

7

Days

10

If less than one day

hrs.min.

8. Birthplace

Sealestone, Dor. Md.
 (Town, county, and state)

10. Usual occupation

Egg Dealer

11. Industry or business

Leonard Smoot

MOTHER

FATHER

12. Name

Margaret Beahaver

13. Birthplace

Md.

14. Maiden name

Md.

15. Birthplace

Org. St. Smoot

16. Informant

Address

Seaford, Del. R.D.

17.

(Burial, cremation, or removal) Which?

Date thereof

6. 26-1946
 (month) (day) (year)

Cemetery or crematory

Sealestone

Location

Sealestone, Md.

18. Funeral director

Graveney Bros

Address

Sharplowne

19.

(Date rec'd by registrar)

June 26 46H. L. Hastings
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23 19 46 at 1:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 45 to June 23 19 46and that I last saw him alive on June 23 19 46

Immediate cause of death

Left ventricular heart failure
Arteriosclerotic heart disease
Coronary occlusion since 7/2/45

DURATION

6 hrs.1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Leland Long
 M. D. or other

Address

Seaford, Del. Date signed 6/24/46

RECEIVED
JUL 6 1946
BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

 ★ 05941 / 11
 Reg. Dist. No.

1. PLACE OF DEATH:

County DorchesterCity or town near Secretary
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Albert John Stevens4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 17 1868 6. (c) If alive, give age _____ years8. AGE: 78 Years 8 Months 8 Days 11 less than one day
..... hrs. min.9. Birthplace Ind
(City, county, and state)10. Usual occupation Retired Mail Carrier11. Industry or business Same12. Name William Stevens13. Birthplace Ind14. Maiden name Elizabeth Carmine15. Birthplace Ind16. Informant Mrs Albert StevensAddress 7 Hurlock17. Burial Date thereof June 28 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation 7 Hurlock18. Funeral director H. B. WilloughbyAddress 7 Hurlock19. June 27 19 46 Elizabeth C. Smith
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25/46 at 7 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 hrs at all 19 _____ to _____ 19 _____
and that I last saw him alive on 2 hrs at all 19 _____Immediate cause of death Coronary occlusion DURATION 10 min

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Acting Deputy Medical Examiner

M. D. or other _____

Address Cambridge Date signed 6/25/46

RECEIVED

JUL 3 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98

CERTIFICATE OF DEATH

05942

Reg. Dist. No. 116

1. PLACE OF DEATH:

County SevierCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 mos

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SevierCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Robert St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Virginia Thompson

3. (b) Social Security Number

4. Sex

female

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Sam Thompson

7. Birth date of deceased (mo., day, yr.)

February 1 19276. (c) If alive, give age 22 years

8. AGE:

Years

Months

Days

If less than one day

1972

hrs.

min.

9. Birthplace

Maryland N.C.

(Town, county, and state)

10. Usual occupation

domestic

11. Industry or business

FATHER

12. Name

Arthur Smith

13. Birthplace

North Carolina

14. Maiden name

Louise Smith

15. Birthplace

North Carolina

16. Informant

Louise Smith

Address

North Carolina17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

June 6 1946
(month) (day) (year)

Cemetery or crematory

Cambridge

Location

Near Cambridge

18. Funeral director

Sam Rayner

Address

201 Maryland St Cambridge MD

19.

6/6 19 46
(Date rec'd by registrar)

19

46

John MacFarlane, MD

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946, at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 31 1946, to June 3 1946and that I last saw him alive on June 2 1946

Immediate cause of death

Acute Myocardial
Infarction

Due to

Pulmonary Edema

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Carroll M. St. Clair

M. D. or other

Address

Cambridge MDDate signed 6-6-46

RECEIVED

JUN 12 1946

BUREAU V.&

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B-2

CERTIFICATE OF DEATH

05943

Reg. Dist. No. 115

1. PLACE OF DEATH:

County DorchesterCity or town Fishing Creek
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? -

Hospital, institution, or street address where death occurred:

Fishing CreekHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Aurora St.
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

Noah L. Todd

3. (b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Louise F. Insley(Deceased 1/11/1922) B. (c) If alive, give age - years

7. Birth date of

deceased (mo., day, yr.) Dec. 8, 1854

8. AGE:

Years

Months

Days

If less than one day

91610- hrs.- min.9. Birthplace Toddville, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation - Self Employed Carpenter11. Industry or business - Retired

FATHER

12. Name Zebedee Todd13. Birthplace Maryland

MOTHER

14. Maiden name Mary A. ToddINSLEY?15. Birthplace Maryland16. Informant Ivy R. ToddAddress High St., Cambridge, Maryland.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof June 20, 1946

(month) (day) (year)

Cemetery or crematory Todd Family CemeteryLocation Toddville, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 19, 1946
(Date rec'd by registrar)James W. Meade
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1946, at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1946, to June 18, 1946and that I last saw him alive on June 18, 1946

Immediate cause of death

Cardio-Renal-Vascular
diseases with

DURATION

Due to

Arterio-sclerosis and
hypertension20 yrs

Due to

Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. -

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -

Means of Injury

Injured at work? -

23. SIGNATURE

James W. Meade M.D.

M. D. or other

Address Fishing Creek, Md. Date signed June 19/46

RECEIVED
JUN 24 1945
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

05944

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 11 yrs. 5 mos. 25 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 11 yrs. 5 mos. 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Wilson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March, 18698. AGE: Years 77 Months 3 Days 25 If less than one day _____ hrs. _____ min.9. Birthplace Crisfield, Somerset Maryland
(Town, county, and state)10. Usual occupation None

11. Industry or business _____

12. Name James Wilson13. Birthplace Crisfield, Somerset Cy. Maryland14. Maiden name Susan Atwood15. Birthplace Cape Cod, Mass.16. Informant Hospital recordsAddress Cambridge, Maryland17. Burial Date thereof June 28, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Crisfield CemeteryLocation Chesapeake, Somerset Area18. Funeral director H. Harney BradshawAddress Crisfield, Maryland19. June 28, 1946 (Date rec'd by registrar) John M. [Signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 19 46 at 3:30 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 12 19 34 to June 25 19 46and that I last saw him alive on June 24 19 46Immediate cause of death Gastro-intestinal infection DURATION 1 dayDue to Senility-
Arteriosclerosis and hypertension

Due to _____

Other conditions Mental deficiency

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

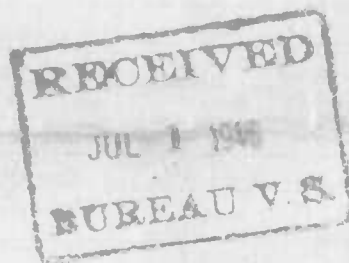
23. SIGNATURE [Signature] M. D. or otherAddress Cambridge Date signed 6/25 46

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Geo Thaco
Glenburn - Glasgow - 187
Spec - 4 Race Sh. 342



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163

CERTIFICATE OF DEATH

Reg. Dist. No. 15945 160

1. PLACE OF DEATH: County... <u>Dorchester</u> City or town... <u>Near Hurlock, Md.</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>1 day</u> Hospital, institution, or street address where death occurred: <u>in Hunting Creek near bridge</u> How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Dorchester</u> City or town... <u>Hurlock</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>X</u> (If rural, give LOCATION) 2.(a) If veteran, name war											
3. (a) FULL NAME <u>George Arthur Wright</u>				3. (b) Social Security Number											
4. Sex <u>male</u>		5. Color or race <u>white</u>		6.(a) Single, married, widowed, or divorced <u>single</u>											
6.(b) Name of husband or wife <u>X</u>				6.(c) If alive, give age years											
7. Birth date of deceased (mo., day, yr.) <u>August 16, 1931</u>				8. AGE: <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>It less than one day</td> </tr> <tr> <td><u>14</u></td> <td><u>9</u></td> <td><u>22</u></td> <td>hrs. min.</td> </tr> </table>				Years	Months	Days	It less than one day	<u>14</u>	<u>9</u>	<u>22</u>	hrs. min.
Years	Months	Days	It less than one day												
<u>14</u>	<u>9</u>	<u>22</u>	hrs. min.												
9. Birthplace <u>Maryland</u> (Town, county, and state)				10. Usual occupation <u>school</u>											
11. Industry or business <u>X</u>				12. Name <u>X</u>											
13. Birthplace <u>X</u>				14. Maiden name <u>Grace Wright</u>											
15. Birthplace <u>Maryland</u>				16. Informant <u>Martha Wright (grandmother)</u> Address <u>Hurlock, Md.</u>											
17. Burial <u>June 10 1946</u> (Burial, cremation, or removal, Which?) Cemetery or crematory <u>East Hill Market</u> Location <u>F.B. Willingale</u>				18. Funeral director <u>Hurlock</u> Address											
19. Date rec'd by registrar <u>June 10 1946</u>				20. Registrar <u>Charles Hastings</u>											

MEDICAL CERTIFICATION		about
2D. DATE OF DEATH <u>June 8 1946</u> at <u>4-15P.</u>		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>X</u> 19... to <u>X</u> 19... and that I last saw him... alive on <u>X</u> 19...
Immediate cause of death <u>Drowning</u> <u>(Accidental)</u>		DURATION <u>0</u>
Due to <u>X</u>		
Due to <u>X</u>		
Other conditions <u>X</u>		
(Include pregnancy within 3 months of death)		
Major findings of operations		
Autopsy results		
PHYSICIAN: Please underline the cause to which death should be charged statistically.		
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide <u>accident</u> Date of <u>June 8/46</u> Where did injury occur? <u>nr Hurlock</u> <u>Dorchester, Md.</u> (City or town) (County) (State) <u>nr Hunting Creek bridge</u> Injured at home, farm, industry, public place (where?) Means of injury <u>Drowning</u> Injured at work? <u>no</u>		
23. SIGNATURE <u>Jo. K. Shriver, Dap Med Exam</u> M. D. or other Address <u>Cambridge, Md.</u> Date signed <u>June 9/46</u>		

RECEIVED
JUN 13 1946
STREAN'S